

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/671/241
APPLICANT(S)

FILING DATE

9-20-04

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	* 9-20-04 *		NO.	NO.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		
1	/						51				
2		/					52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15		/					65				
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17							67				
18							68				
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27							77				
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33		/					83				
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36							86				
37							87				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS